

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (*Section III*).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (*Include ZIP Code*)  
BDE

2. TO (*Include ZIP Code*)  
1ST PERSONNEL GROUP  
G1/STAFF ACTIONS  
ATTN: AFZN-GAM-E  
FORT LEWIS, WA 98433

3. FROM (*Include ZIP Code*)  
SCHOOL

**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (*Last, First, MI*)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY NUMBER

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (*Check as appropriate*)

<input type="checkbox"/> Service School ( <i>Enl only</i> )	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training ( <i>Enl only</i> )	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment ( <i>Enl only</i> )	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other ( <i>Specify</i> ) <b>AWARD SQI</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (*When required*)

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

- Request soldier be awarded SQI "\_\_\_".
- Soldier is eligible for award of SQI "\_\_\_", IAW Pam 611-21 Chapter 12, Table 12-1, Code \_\_\_.
- Soldier served from \_\_\_\_\_ to \_\_\_\_\_ in a coded First Sergeant position. (only for SQI M)

NOTE: Need to provide a copy of DA Form 1059 or Certificate of Training with DA Form 4187.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (*Section II*) or that the request for personnel action (*Section III*) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

PMS